**工勤人员技能等级岗位考核成绩复查申请表**

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| **姓名** |  | **身份证号码** |  | |
| **工作单位** |  | | **联系电话** |  |
| **工种** |  | | **等级** |  |
| **复查科目名称** | **准考证号** | | **原始成绩** | |
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|  |  | |  | |
| **设区市工考机构**  **意见（盖章）/**  **省直单位人事部门意见（盖章）** |  | | | |